

# APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY AND DISCLOSURE AND PAYMENT OF PREPAID CONTRACTS SOLD

State Form 51264 (5-03)

Approved by State Board of Accounts, 2003

## INDIANA PROFESSIONAL LICENSING AGENCY

302 W. Washington Street, Room E034

Indianapolis, IN 46204

(317) 232-2980

[www.in.gov/pla](http://www.in.gov/pla)

Application for a certificate of authority to sell prepaid services and merchandise in the State of Indiana in compliance with IC 30-2-13-33. "Seller" means a person, a firm, a limited liability company, a corporation, an association, or a partnership contracting to provide services or merchandise, or both, to a named individual or contracting to provide or sell both a contract and a funding mechanism to be used in conjunction with the purchase of services or merchandise. (IC 30-2-13-10) Renewal applications shall be filed by March 1st of each year.

[illegible]

\* The request for your Social Security number is mandatory according to IC 4-1-8-1 and this application cannot be processed without it.

Continued on reverse

**REPORT OF PREPAID CONTRACTS**

Pursuant to IC 30-2-13-27, no later than March 1st of each year, you are REQUIRED to make payment to the Prepaid Consumer Protection Fund for each prepaid contract sold under IC 30-2-13 within the previous calendar year JANUARY 1 THROUGH DECEMBER 31. Failure to submit this report and make the required payment may result in action being taken against you by the State Board of Funeral and Cemetery Service.

Instructions for disclosure and payment of prepaid contracts sold:

1. Complete the requested information and remit with a check in the appropriate amount, payable to Indiana Professional Licensing Agency.
2. A SEPARATE DISCLOSURE AND PAYMENT OF PREPAID CONTRACTS SOLD FORM IS TO BE COMPLETED FOR EACH GEOGRAPHIC LOCATION OF A SELLER. THE SEPARATE DISCLOSURE AND PAYMENT OF PREPAID CONTRACTS SOLD FORM, STATE FORM 49629, MAY BE OBTAINED ON OUR WEBSITE AT [www.in.gov/pla](http://www.in.gov/pla).

**NUMBER OF PREPAID CONTRACTS SOLD**

PREPAID CONTRACTS SOLD AT A PURCHASE PRICE OF:	NUMBER OF SALES	X	REQUIRED PAYMENT	=	TOTAL
1. \$499.99 or less		X	\$2.50	=	\$
2. \$500.00 - \$1499.99		X	\$5.00	=	\$
3. \$1500.00 or more		X	\$10.00	=	\$
TOTAL OF LINES 1 through 3 PAY THIS AMOUNT					\$

Please check here if no prepaid contracts were sold in the previous calendar year January 1 through December 31:

☐**CERTIFICATION / AFFIDAVIT**

I hereby affirm that the statements herein are true and correct.

Signature of seller or partner or officer of seller:

Printed name and title of individual signing:

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

I (we), \_\_\_\_\_, \_\_\_\_\_ and  
(Owner / President / Vice President)

\_\_\_\_\_, \_\_\_\_\_ do hereby  
(Treasurer / Secretary) (Name of Establishment)

affirm, under the penalties of perjury, that all of the information contained in this disclosure is true and correct. I (we) understand that accurate books, records and accounts must be maintained which support this information for three (3) years after the date of full performance of a contract and that violation of IC 30-2-13 may result in action being taken against me (us) by the State Board of Funeral and Cemetery Service.

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Owner / President / Vice-President

Signature of Treasurer / Secretary (if owner is not an individual)

Printed name of Owner / President / Vice-President

Printed name of Treasurer / Secretary (if owner is not an individual)

Signature of Notary Public

Printed name of Notary Public

My Commission expires

County of residence of Notary Public